PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Paperwork Reduction Act of 1995, no persons collection of information unless it displays a valid OMB control number. Application Number 10/783.333 Filing Date TRANSMITTAL February 20, 2004 First Named Inventor **FORM** Clark, et al. Art Unit 2835 Examiner Name Datskovskiy, M. (to be used for all correspondence after initial filing) Attorney Docket Number 20675.0005 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC • Amendment/Reply Petition (Appeal Notice, Brief, Reply Brief) Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Change of Correspondence Address Affidavits/declaration(s) Other Enclosure(s) (please Identify Terminal Disclaimer **Extension of Time Request** below): Request for Refund Return receipt post card. **Express Abandonment Request** Check in the Amount of \$450.00 CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Sutherland Asbill & Brennan LLP Signature Printed name Daniel J. Warren Date Reg. No. January 13, 2005 34,272 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature

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Daniel J. Warren

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PTO/SB/17 (12-04) Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE duction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete if Known o the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/783,333 TRANSMI Filing Date February 20, 2004 For FY 2005 First Named Inventor Chark, et al. **Examiner Name** Datskovskiy, M. Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2835 TOTAL AMOUNT OF PAYMENT (\$) 450.00 20674.0005 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card L Money Order None Other (please identify): Deposit Account Name Sutherland Abill & Brennan LLP ✓ Deposit Account Deposit Account Number: 19-5029 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES** Small Entity **Small Entity Small Entity** Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 200 250 100 Design 200 100 100 50 130 65 Plant 200 100 300 160 150 80 Reissue 300 150 500 600 250 300 **Provisional** 200 100 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) **Fee Description** Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 180 Multiple dependent claims 360 Total Claims Multiple Dependent Claims Extra Claims Fee Paid (\$) 20 - 20 or HP = 0 Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims **Extra Claims** Fee (\$) Fee Paid (\$) -3 or HP = _0 HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets Extra Sheets** Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other: Petition for Two-Month Extension of Time \$450.00

SUBMITTED BY)	
Signature	Mond	7.4	Registration No. (Attorney/Agent) 34272	Telephone
Name (Print/Type)	Daniel J. Warren			Date January 13, 2005

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